

ARTHRITIS, PAIN SUPPORT & ME/CFS ACT - Family Day Camp Registration Form

Title:	First name:	Last name:
Address:		Suburb/Town:
State/Territory:	Postcode:	Date of Birth: : ____ / ____ / ____
Phone (h):	Phone (w):	Mobile:
Email Address:		
Number of Attendees		
Adults:	Children:	Carer/Support Worker:

ATTENDEE DETAILS

First Name:	Last Name:
Date of Birth:	Relationship:
First Name:	Last Name:
Date of Birth:	Relationship:
First Name:	Last Name:
Date of Birth:	Relationship:
First Name:	Last Name:
Date of Birth:	Relationship:
First Name:	Last Name:
Date of Birth:	Relationship:

WHICH OF THE FOLLOWING APPLIES TO YOUR FAMILY?

<input type="checkbox"/> JIA	<input type="checkbox"/> Hypermobility Syndrome	<input type="checkbox"/> Chronic Pain Condition	<input type="checkbox"/> ME/CFS
<input type="checkbox"/> Autoimmune Disease	<input type="checkbox"/> Chronic Fatigue (non-ME/CFS)	<input type="checkbox"/> Other	

CAMP FEES

Member (Family Membership \$49): Free
Non – Member fee: \$100

PAYMENT INFORMATION (Please tick the box)

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque ¹	<input type="checkbox"/> Money Order ¹	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Card Number: ____ ____ ____ ____			CCV Number ² : ____	
Card Holder's Name:			Expiry Date (mm/yy): ____ / ____	
Signature of Applicant::			Date: ____ / ____ / ____	

¹ Payable to Arthritis ACT

² The CCV is mandatory; this is the last 3 digits on the back of the card.

Memberships can be made over the phone, or in person at our Bruce or Pearce offices (170 Haydon Drive Bruce 9-5 Mon-Fri or Building 1, 1 Collette Place Pearce – 9:00-2:30 Mon-Fri) or by posting this form to PO Box 908 Belconnen ACT 2616